



City of Atlantic Beach—BACKFLOW PREVENTION ASSEMBLY TEST REPORT

902 Assisi Lane

Jacksonville, Florida 32233

Phone: 904-247-5886

Name of Premises: _____ Account No: _____

Service Address: _____

Mailing Address (If Different): _____

Contact Person: _____ Phone Number: _____

Type of Service: ☐ Process ☐ Fire ☐ Domestic ☐ Irrigation ☐ Other: _____

Type of Assembly: _____ Manufacturer: _____

Model: _____ Serial No: _____

Size: _____ Location: _____

Gauge Manuf: _____ Serial No: _____ Date Calibrated/Verified: _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB or SVB
Initial	<input type="checkbox"/> Closed tight at _____ PSI <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight at _____ PSI <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSI <input type="checkbox"/> Did Not open	<input type="checkbox"/> Air inlet opened at _____ PSI <input type="checkbox"/> Did not open <input type="checkbox"/> Check Valve Held at _____ PSI <input type="checkbox"/> Leaked
Repairs	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other, Describe
Final	Closed tight at _____ PSI	Closed tight at _____ PSI	Opened at _____ PSI	Air Inlet _____ PSI Check Valve _____ PSI

Remarks: _____

I certify that the data in this report is accurate.

Tester Name (print) : _____ Date: _____

Tester Signature: _____ Phone: _____

Affiliation: _____ Cert No.: _____

Tester Company: _____ Address: _____

THIS ASSEMBLY ☐ PASSED ☐ FAILED

Email completed form to Ebrown@coab.us/jdsmith@coab.us